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Federal Communications Commission
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Comments of Mountaineer Doctor TeleVision (MDTV)
Telemedicine Program at West Virginia University
on proposed rule making and order establishing Joint Board

Mountaineer Doctor TeleVision is pleased to participate in providing comments and suggestions to the Federal Communications Commission regarding rule making on universal services and discounted rates for educational and health care uses.

Our comments are directed to health care and educational usage in rural areas. As an academic medical center we also have concerns regarding the proposals in place to discount services for educational usage. While our telemedicine network is used for providing health care to rural areas, the network is also utilized for educational health care professionals and students throughout the rural state of West Virginia.

Goals of the Mountaineer Doctor TeleVision (MDTV) program:
The MDTV program is designed to provide telemedicine services to rural and under-served areas of the state. By building a telecommunications infrastructure consisting of T-1 (1.544mbps) phone lines the program has been able to provide specialty care and educational opportunities to 15 sites within West Virginia. Currently an expansion effort is under way to connect all of the states four (4) academic medical centers to the network.

Comment on Telecommunications proposals.

Description of Telecommunications services necessary for provision of health care services. Most technologies associated with health care delivery are bandwidth dependent. While compression technology does enable transmission of high amounts of data in relatively low bandwidth, increasing bandwidth provides flexibility in the types and amounts of data transmission.

Limiting discounts to a specific technology and or bandwidth may limit choices on types of services available. A wide variety of health care applications are currently in place across the country. We believe that limiting service to a minimum or maximum bandwidth may prohibit some not for profit users from benefitting from the proposed discounted rates.We would encourage language to include in the not for profit category: University, not for profit hospitals and state not for profit prisons and county not for profit prison systems.

Should telecommunications carriers receive interstate support for services provided to rural health care users?

MDTV believes that telecommunications service providers should receive support for providing service to health care and educational users.

Additional services necessary for rural health care services in a state.

Most health care usage, telemedicine, data transmission and teleradiology can be accommodated using T-1 technology (1.544mbps). This bandwidth can be accomplished utilizing existing copper based infrastructure. While ISDN service is able to accommodate this bandwidth in a totally digital environment, not all carriers and or LEC's are able to provide the service to all areas.

T-1 service (1.544mbps) should be adopted as the minimum necessary provision for health care delivery. This bandwidth should be accommodated by the use of dedicated service or available through ISDN service able to carry the 1.544 mbps.

Additional services should include ISDN and ATM.

Limiting discounts to incoming or outgoing services.

A large proportion of health care utilization involves two way interactive applications. Limiting discounts in one direction is not an acceptable scenario. These limitations could impose hardships on rural health care providers to select services that may not meet needs to provide quality health care.

Suggested Pricing Methodology.

Current pricing for high bandwidth circuits are calculated using a mileage scale. Other charges for circuits include local channel charges, access charges, access coordination functions and interoffice charges. While most customers are sensitive to the amount of work involved with providing this service, most feel that these multiple charges are inflated for dedicated lines. While the initial installation of a high bandwidth circuit may be labor intensive, once established, this circuit traditionally requires little maintenance for quality performance.

Our suggestion for pricing includes the elimination of LATA boundaries for health care and educational usage. This will allow one carrier to service the circuit from end to end. We suggest the use of a recurring flat fee for both ends of the circuit, and a mileage charge discounted for health care and educational usage. The elimination of LATA boundaries would result in an immediate cost savings while improving access and distribution of health care related services in rural areas. Access charges and local channel charges should be rolled into the recurring flat fee. Interstate support for telecommunications carriers

Compliance with discounted rates for health care related service should be a condition of eligibility for carriers to receive interstate support. With the removal of LATA boundaries, carriers would be able to provide service in an affordable fashion across state lines and through multiple rural regions. Reasonably comparable rates using an urban model is a difficult task. Defining the areas should be accomplished by using the OMB classifications of metropolitan and non-metropolitan areas.

It is not clear that the use of an urban price structure to dictate rural rates is a sound choice. Many of the rural areas connectivity stems from urban centers. In the case of West Virginia University, the Mountaineer Doctor TeleVision program utilizes T-1 technology from larger tertiary care medical centers to serve smaller facilities in rural areas. The question must be asked; Do urban pricing structures differ that dramatically from the rural counterparts, or is price difference reflective of shorter mileage charges and lack of LATA boundaries that are crossed?

Definition of Services.

Services should be designated by the amount of bandwidth that the service is able to carry and/or by the number of channels used with a channel defined as having a certain amount of capacity. I.e. 56 or 64 kb channels.

Safeguards for user compliance.

As capabilities expand, telecommunications utilization becomes multi faceted. Telemedicine networks also include a large amount of educational opportunities. While both health care and educational uses fall under the proposed ruling, it is suggested that measures of compliance center on the usage of discounted services by non profit organizations.
These organizations include not for profit healthcare institutions including universities, not for profit hospitals and clinics and not for profit state and county prison systems.

Benefits to service provider.

Discounted and updated services to health care users should be credited to the providers service obligation to preserve and advance universal service.

Implementation.

MDTV believes that service should be addressed by the amount of available bandwidth available from a service provider. With current technology it is believed that a minimum of 1.544 mbps should be used as a bench mark for minimum service available.

Current language in the telecommunications bill refers to the urban market as a gauge to set rates for rural users. While we understand that the commission is looking for a working model to help define rate structures and services to be provided, we question whether the use of an urban model for rate structure is acceptable. Many of the services provided to rural areas are originated from urban areas. With the utilization of an urban model we fear that providing services to rural areas from these urban zones, providers may not realize the proposed discounted rates.

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